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IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
DIVISION

Anthony Gee # 227493)

Plaintiff(s))

v.)

James H. DeLoach)

Ricky Woods)

Defendant(s))

2:06CV262-WKW

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff(s) Anthony Gee # 227493

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.

Anthony Gee
Plaintiff(s) signature

UNITED STATES DISTRICT COURT

middleDistrict of Alabama

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Anthony Gee # 227493

Plaintiff

V.

James H. DeLoach, et al.,

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

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CASE NUMBER:

I, Anthony Gee # 227493 declare that I am the (check appropriate box) petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)If "Yes," state the place of your incarceration Easterling Correctional CenterAre you employed at the institution? no Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

year 2000 ; approximately\$ 350.00 monthly

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---------------------------------------------------|------------------------------|----------------------------------------|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive. N/A

4. Do you have **any** cash or checking or savings accounts? Yes No

If "Yes," state the total amount. - 0 -

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None

I declare under penalty of perjury that the above information is true and correct.

March 15, 2006
Date

Anthony Gee # 227493

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
EASTERLING CORR FACILITY

AIS #: 227493 NAME: GEE, ANTHONY AS OF: 03/15/2006

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
MAR	16	\$0.00	\$0.00
APR	30	\$0.00	\$0.00
MAY	31	\$0.00	\$0.00
JUN	30	\$0.08	\$0.15
JUL	31	\$0.15	\$0.00
AUG	31	\$0.15	\$0.00
SEP	30	\$0.15	\$0.00
OCT	31	\$0.15	\$0.00
NOV	30	\$0.15	\$0.00
DEC	31	\$0.15	\$0.00
JAN	31	\$0.15	\$0.00
FEB	28	\$0.15	\$0.00
MAR	15	\$0.15	\$0.00